

# Global Compact Policy Dialogue on HIV/AIDS

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# Introduction

## The UN Global Compact Policy Dialogues

The Global Compact was launched in July 2000 to encourage collaboration between the UN system and the private sector in addressing the challenges of globalization, and promote the application of nine core principles.

It convenes thematic multistakeholder Policy Dialogues to give practical meaning to these principles by creating an international platform for mutual understanding and problem-solving among business, labour, civil society organizations, government, UN agencies and leading commentators.

The Dialogue process is designed to assist the identification of new and emerging issues, promote multistakeholder trust and interaction, and support advocacy with policy makers.

The Global Compact Policy Dialogue on HIV/AIDS, convened on 12-13 May at the ILO in Geneva with the support of UNAIDS, aimed to identify policy issues that could benefit from the problem-solving approach of the Global Compact. The meeting explored key challenges companies face and examples of effective responses to HIV/AIDS in the workplace.

## The ILO and HIV/AIDS in the world of work

The ILO is the UN agency with primary responsibility for the world of work.

The HIV epidemic mainly affects adults of working age - the active population of a nation. It has now spread to the extent that socio-economic security and development are being undermined by the incapacity and loss of government officials, business people, trade union activists and community leaders.

In June 2000, following a Resolution on HIV/AIDS passed at the International Labour Conference, ILO Director-General Juan Somavia requested all Programmes and units - at headquarters and in the field - to mainstream the issue in their work. In November 2000 the ILO's Programme on HIV/AIDS and the World of Work (ILO/AIDS) was formally established.

Since that time the ILO has developed a *Code of Practice on HIV/AIDS and the world of work*, has worked to mobilize its tripartite constituents and strengthen their capacity to respond to the epidemic, and has provided advisory services and technical assistance at country level.

## The business and labour response

Employers and workers have a vital role to play in the fight against HIV/AIDS, starting in their own workplaces but also offering leadership in the wider community. The recognition that HIV/AIDS is an issue of enlightened self-interest as well as corporate responsibility is driving companies to engage. There are examples across the world of businesses working together to establish effective workplace programmes and policies, often in close collaboration with government and workers' organizations.

The challenge is to find and replicate efficient and cost-effective interventions that limit the spread of infection and mitigate its impact. Examples of action increase daily, ranging from the provision of

### The Global Compact's nine principles are:

#### Human Rights

- 1: Businesses should support and respect the protection of internationally proclaimed human rights within their sphere of influence; and
- 2: make sure that they are not complicit in human rights abuses.

#### Labour Standards

- 3: Businesses should uphold the freedom of association and the effective recognition of the right to collective bargaining;
- 4: the elimination of all forms of forced and compulsory labour;
- 5: the effective abolition of child labour; and
- 6: eliminate discrimination in respect of employment and occupation.

#### Environment

- 7: Businesses should support a precautionary approach to environmental challenges;
- 8: undertake initiatives to promote greater environmental responsibility; and
- 9: encourage the development and diffusion of environmentally friendly technologies

*In the United States, some firms report costs ranging from \$3,500 to \$6,000 per year for each worker with HIV/AIDS.*

*Commercial plantations in Kenya find medical costs 300-400% higher than projected as a result of AIDS.*

*A Thai Government study calculated that the direct and indirect cost of HIV/AIDS to the nation was US\$1.2 billion in 2000.*

antiretroviral treatment by multinational companies such as DaimlerChrysler and de Beers to the training of thousands of peer educators by companies as diverse as Tata Tea in South India and the Zambia Revenue Authority.

Decisions about the provision of care, including antiretroviral treatment, are made in the context of growing concern about the human and socio-economic consequences of the epidemic on the one hand and on the other new opportunities created by the lowering of drug prices and increased resource availability. Concerted efforts are being made to increase funding through mechanisms such as the World Bank's Multi-country AIDS Programs (MAP) and the Global Fund to Fight AIDS, TB and Malaria.

The imperative for the world of work is to contribute to national and international efforts that both prevent the spread of HIV and also manage and mitigate its impact.

## A policy framework

The *ILO Code of Practice on HIV/AIDS and the world of work* provides a framework agreed through tripartite and inter-regional consultations for programme and policy development. It helps the workplace partners implement:

Policies	that oppose discrimination and promote an environment of open and constructive discussion of HIV issues
Programmes	based on participatory and gender-sensitive education methods that enable individuals to assess their risk and make changes to their behaviour  that include practical measures to support behaviour change, from VCT and STI treatment to condom availability  that offer care and support to those affected by the epidemic, from reasonable accommodation and advice on healthy living to treatment of the virus and/or associated infections (e.g. tuberculosis)
Guidelines	for employers on practical measures to minimize disruption to production, from the use of teams and restructuring of training to new models of medical insurance
Decision-making and support structures	to ensure effective implementation and monitoring
Public-private partnerships	that bring support from the private sector and labour organizations for government and UN efforts, especially in increasing access to treatment

- Over 25 million workers in their productive prime (15-49 years of age) are infected with HIV.
- The size of the labour force in high-prevalence countries will be between 10 and 30% smaller by 2020 than it would have been without HIV/AIDS.
- The epidemic cuts the supply of labour, undermines livelihoods, encourages discrimination, and compromises enterprise security and economic development.
- The workforce of the future is weakened because children are being taken out of school early to help care for sick relatives, to raise income for the family, or because they have lost one or both parents to AIDS.
- The burden of care falls especially hard on women and, increasingly, on the elderly who take care of orphaned children and try to maintain family income.

*Employers and workers share the same common interest with governments and the public at large: safeguarding the health, livelihood and capacity of working people, and maintaining productive capacity.*

# Mobilizing the workplace partners



*From left to right: Georg Kell, Juan Somavia, Franklyn Lisk, Antonio Peñalosa and Guy Ryder*

**In welcoming delegates to the Policy Dialogue, Georg Kell, Executive Head of the Global Compact, and Juan Somavia, Director-General of the ILO, stressed the importance and value of sustained dialogue, close collaboration and, above all, concrete action in fighting HIV/AIDS in the world of work.**

*“Today we are here to mobilize additional efforts to tackle HIV/AIDS, a scourge that kills every two hours more people than SARS has killed in total.”*

Georg Kell, Executive Head, Global Compact, addressing the opening session of the Policy Dialogue.

The purpose of the UN Global Compact is to help the UN and its governmental partners combine forces with the private sector in tackling large socio-economic issues. It promotes good corporate citizenship through nine principles that encompass employment relationships, working conditions, human rights and the environment. Today about 1,000 companies, trade unions and civil society organizations are participating in the Global Compact and advancing the implementation of the principles.

Georg Kell said that the Global Compact is working to involve many more companies - large and small - to deepen the integration of the nine principles into business culture worldwide, and to build on "the power of self-enlightened engagement and good practices". Success would only be assured through participants being prepared to invest time and effort, take on ownership of the principles, and become leaders and champions. It is in this spirit that the Policy Dialogue on HIV/AIDS was arranged.

Mr Somavia emphasized that it is in everyone's interests to work together to fight HIV/AIDS. He said that we are dealing with an epidemic that is out of control and that the network of business, workers, community organizations and international institutions working in partnership with governments could be a powerful defence. For this reason the ILO should use its particular strength together with the community of work to "reach out to the real actors of the economy and to jointly analyze problems and develop common-sense solutions".

The Director-General urged the delegates to share their experiences - what works, what can be scaled up and how the ILO can be instrumental in helping others to benefit from lessons learned.

“We have to identify best practices, develop practical, innovative tools for prevention and care. And we have to support community-based initiatives that are making such a difference in the lives of people”, he said.

He particularly highlighted the need to address the problem of fighting HIV/AIDS in the relatively unstructured environment of the informal economy, which in some countries comprises as many as 90% of workers.

Specifically, he hoped the Dialogue would bring about:

- a firm commitment to scale up efforts
- a willingness to contribute to best practices
- concrete partnerships to prevent the spread of HIV/AIDS and mitigate its impact
- a focused effort in countries with growing epidemics, including Russia, India and China, to avert future suffering and costs.

*“Two out of three people living with HIV/AIDS go to work every day - it makes the workplace a vital entry point for tackling HIV/AIDS.”*

Juan Somavia, Director-General, ILO, in his welcome address on the first day of the Policy Dialogue.

# Collaboration is the key



Antonio Peñalosa (left)  
and Guy Ryder

**The International Confederation of Free Trade Unions (ICFTU) and the International Organisation of Employers (IOE) issued a joint statement of commitment at the Policy Dialogue collaborating to fight HIV/AIDS.**

The full text of the statement '*Fighting AIDS Together: A Programme for Future Engagement*' is included in Annex III. As the first such agreement made between the two organizations it represents an historic step. It is also indicative of a clearly emerging trend of increased collaboration between different groups to take urgent, positive, practical steps in the fight against HIV/AIDS. Both organizations have called on their affiliates and members to give the issue high priority.

Antonio Peñalosa, Secretary General of the IOE praised the convening power of the Global Compact and the ILO, and the opportunity they had created for dialogue on HIV/AIDS among so many key actors.

*“No one group can win this fight against HIV/AIDS alone. Collaboration is the key, be it with governments or other actors. For employers, collaboration between workers’ and employers’ organizations is critical if the fight against the pandemic in the workplace is to be successful.”*

Antonio Peñalosa, Secretary General, IOE

He drew attention to the challenge of helping those countries already grappling with high infection rates, and also the need to draw on their collective experience to initiate pre-emptive activities in countries with lower prevalence rates.



Mr Peñalosa also acknowledged the support of UNAIDS. The two organizations had jointly developed the *Employers' Handbook on HIV/AIDS - A Guide for Action*, which is designed to help employers' organizations and individual companies develop HIV/AIDS policies and programmes encompassing prevention, education, care and support, as well as fair employment practices. The handbook is available in English, French and Spanish.

ICFTU General Secretary Guy Ryder also emphasized the urgent need for mobilization of the private sector in the fight against HIV/AIDS, in collaboration with the public sector, as for many people and for whole societies, "time is running short. Indeed for many, action is already too late."

Guy Ryder acknowledged the importance of the *ILO Code of Practice on HIV/AIDS and the world of work* as a foundation for policy development which the ICFTU subscribes to "without reserve". Its guidance on protecting the rights of workers affected by HIV/AIDS, on developing concrete responses and on promoting tripartite cooperation is of fundamental importance to the ICFTU-IOE initiative.

He also drew attention to the work still to be done - in addressing the vast majority of workers in the world who do not work for multinational enterprises or their supply chains; in extending care and support to the wider community; in educating young people; in addressing gender issues; and in enlightening the many employers who are not aware of their responsibilities in the fight against HIV/AIDS.

*“We are committed to working with the IOE, with the ILO and the Global Compact to educate, involve and mobilize our respective members to take on this challenge early and effectively. They must not sit back and wait for others to do it or for others to lead. Our efforts, of course, are only part of the solution to this global crisis and must be a powerful force for change. It is, literally, a matter of life and death.”*

Guy Ryder, General Secretary, ICFTU

# No 'business as usual'

**The Policy Dialogue was addressed by the representatives of the IOE and the ICFTU with particular experience of helping their member organizations take action against HIV/AIDS at country level.**

**Frederick Muia** is the IOE's Regional Advisor for Africa and HIV/AIDS specialist. The IOE brings together more than 100 national employers' organizations as members so that they can speak with

a single, powerful voice when addressing labour and policy matters. Their main objective is to promote an enabling environment for enterprise and business development.

**Andrew Kailembo** is the General Secretary of ICFTU-AFRO. The African Regional Organization of the ICFTU represents over 15 million members from 57 affiliates in 44 countries.

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## *Frederick Muia*

HIV/AIDS has serious consequences for business that are preventing many from performing as well as they could. In the worst-affected economic sectors, including mining, agriculture and road transport - the loss of skilled and high level professionals and a decline in productive capacity and markets are serious problems. High levels of absenteeism, rising healthcare costs and increasing contributions to funeral expenses further exacerbate the situation.

The key objectives of the IOE's response are to protect those who have not been infected, to manage HIV/AIDS in the workplace and to support community initiatives. The IOE is involving and supporting employers in the region through:

- mobilization seminars
- developing workplace policies and time-bound action plans
- encouraging collaboration with trade unions and other partners
- advice for companies on prevention programmes, including peer education and the promotion of behaviour change
- 'domesticating' the ILO Code of Practice and tailoring it to local needs
- working with companies on the provision of care, support and treatment
- disseminating examples of successful workplace action
- helping companies remove stigma and discrimination and create a supportive workplace environment

As part of a multisectoral response to HIV/AIDS, the IOE collaborates with National AIDS Coordinating Committees (NACC), as well as working with unions and organizations of PLWHA, and supporting business coalitions on HIV/AIDS. It uses the ILO Code of Practice to guide actions and develop workplace policies, and has produced a handbook for employers on HIV/AIDS. The IOE recently took part in an ICFTU workshop on workplace strategies and programmes in Nairobi.

All companies are encouraged to make a contribution - even small and medium-sized enterprises (SMEs) who may lack resources and expertise. Frederick Muia stressed the importance of involving all stakeholders in committing to participation in workplace programmes including care and support, to help ensure that initiatives are financially sustainable over a long period.

*Andrew Kailembo*

The Gaborone Trade Union Declaration and Programme of Action on HIV/AIDS (2000) provides the basis for action by workers and their organizations. In 2001 ICFTU-AFRO initiated a five-year project to promote trade union action at the workplace, with three main objectives:

- prevention of HIV/AIDS through education
- mitigation of the impact of HIV/AIDS at the workplace through provision of care and support
- elimination of stigma and discrimination related to HIV status.

The project, which is now operating in six countries, focuses on training shop stewards as advocates and peer educators. It is supported by a grassroots-oriented training manual, available in English, French and - shortly - Portuguese. Efforts are being made to secure additional funding so that activities can be extended to other African countries. To that end, Mr Kailembo appealed to the Global Fund and other partners to support them in their efforts.

At the recent workshop in Nairobi to review the progress of the project, employers were invited to participate in order to share their experience of workplace strategies and programmes. Workers and employers gained a clear understanding of ways they can work together more effectively, and made a public commitment to collaborative action. While focusing on workplace action, they will also conduct awareness-raising and advocacy at national level, especially with governments, and will campaign for affordable drugs.

ICFTU-AFRO is also working with the Pan African Trade Union Movement to ensure access to cheaper generic drugs in the region, and fighting to create a better environment for this by addressing the problem issues of patent rights, intellectual property and importation laws.

Mr Kailembo ended by urging international organizations, governments, and the workplace partners to pool their resources, energies and experiences to provide an effective response on behalf of all those infected and affected by HIV/AIDS.

# Public-private partnership

Since its inception in January 2002, the Global Fund has designed and implemented systems for the technical review of grant proposals, fund disbursement, and the monitoring and evaluation of programme performance and financial accountability. The first grant was agreed and disbursed in December, and now, in 2003, funding agreements are being signed regularly and the money is being put to work in 92 countries.

*“Private mobilized response is essential, and we will not turn the tide without it.”*

Richard Feachem, Executive Director, Global Fund to Fight AIDS, TB and Malaria

"Most people have not woken up to the gravity of AIDS. It is the biggest health catastrophe ever to face the world, and it will get much worse before it ever gets better," said Richard Feachem to the Policy Dialogue participants. He went on to describe the impact of the epidemic in some of the worst hit areas of Africa, before giving a brief breakdown of how the Global Fund has allocated its funds.

The Global Fund supports 160 programmes. In broad terms, 60% of funding goes to Africa; 40% goes to other parts of the world. 60% of funds are spent on AIDS, 20% on TB and 20% on malaria. The government of the USA has promised to give US\$1 billion to the Global Fund provided this amount does not constitute more than one third of the total. 45% of the budget goes to the private sector where companies are taking more initiative than trade unions. He expressed the hope that trade unions to become more involved.

## **New funding models designed to increase public-private partnership**

As well as using conventional funding models, the Global Fund is testing alternative models and methods to get funds more quickly and directly where they are needed. One route is co-investment.

One of the problems that can be generated by company workplace programmes is that subsidized treatment only benefits company employees. Such special benefits can have the effect of dividing communities into a two-tier society - those who work for companies that make care and treatment available, and those who don't. In such a situation the Global Fund is looking at making available additional funding to provide the same benefits in the local community.

## **Partnership with the ILO**

Recently, the Global Fund entered into a partnership agreement with the ILO. As a financing mechanism, the Global Fund sees great value in working with the ILO to actively involve business and labour (employers in both private and public sectors, workers and their organizations) in the programmes that the Global Fund finances. The ILO's unique tripartite structure is invaluable for mobilizing key stakeholders in the world of work and their networks to significantly strengthen the Country Coordinating Mechanism (CCM) process.

# Helping business and the community

## The DaimlerChrysler experience

**Norbert Otten, DaimlerChrysler's Director of Policy Issues, presented an example of a public-private partnership in practice in his summary of DaimlerChrysler's workplace activities.**

The company has made a global response to the epidemic, and was one of the first companies to sign up to the Global Compact. Its involvement was the result both of its social obligations to their employees and of solid business reasons. Very early on, DaimlerChrysler recognized that the epidemic was a serious obstacle to growth and threatened the company's commercial interests. Since 1991, when the company introduced its first comprehensive workplace programme, DaimlerChrysler has taken a leading role in fighting the epidemic. In 1996, it was the first company to give free antiretroviral (ARV) treatment to infected employees, and it has now extended the initiative to include community support. This will soon be further extended to offer lifetime support for infected employees.

As a car manufacturer DaimlerChrysler recognized that the company lacked the necessary health-related skills and expertise. For that reason it entered into a partnership with German Technical Cooperation (GTZ), to ensure that its workplace strategy would be progressive and dynamic, appropriate and needs-based, comply with international codes of conduct - in short, "world-class".

DaimlerChrysler's pro-active approach is beginning to pay off in both social and economic terms. Preliminary calculations show that averting one new HIV infection saves the company as much as 3 - 4 salaries - through maintaining high productivity levels, reducing absenteeism, health costs and other factors.

In a bid to make available its knowledge and lessons learned, DaimlerChrysler now advocate globally, and have contributed to the development of the Global Business Coalition on HIV/AIDS, a rapidly expanding coalition of international business dedicated to fighting HIV/AIDS in the workplace.

# Key challenges and effective responses

## 1. Setting up peer education programmes

### Standard Chartered Bank

*Chris Sykes, Head of Corporate Social Responsibility*

Standard Chartered is the 25th largest company on the FTSE with 29,000 employees. They have over 500 offices in more than 50 countries worldwide, including 13 African countries; they employ over 5,000 people on the continent. They are the largest international bank in China and India, both countries where a substantial increase in infection is predicted by the end of the decade. In 1999 the company introduced a policy on HIV/AIDS.

'Staying Alive' was the first HIV/AIDS programme and was developed in consultation with staff, governments, NGOs and MNCs. It was introduced in 2000, with the objective of minimizing, monitoring and managing the epidemic within the company. It focused on prevention through education to get over common misconceptions about HIV/AIDS, especially peer education. This, and the following programme were both well supported with comprehensive media packs and programme kits.

The current peer education programme, 'Living with HIV', aims to educate all 29,000 Standard Chartered employees by World AIDS Day (1st December) 2003.

The company has identified four key learning points for this programme:

1. Instead of focusing on the problems of HIV/AIDS the programme will be framed in terms of life plans and looking forward: "What do you want to achieve in your life and how can you stay healthy to realise your plans and dreams?"
2. To help mitigate the effects of stigma and discrimination, the programme will focus on what they can do to live positively, and how they can access practical and emotional support.
3. Factual knowledge does not necessarily result in appropriate behaviour change. The programme needs to introduce more experimental, participatory training methodologies that 'touch the heart' rather than just the head.
4. The countries predicted to have the largest infected populations by the end of the decade are India and China. Both are crucial to the future of Standard Chartered, and the bank therefore has business reason as well as a moral duty to educate staff globally.

Volunteer champions in offices in all regions are trained to roll out the programme in their own country and educate staff about HIV/AIDS. The champions were profiled to suit the role of communicators and were drawn from a wide range of positions. Training conferences and innovative tools help break down cultural and communications barriers and stimulate discussion and learning about HIV/AIDS. Chris Sykes showed the meeting a role play called 'Bridges of Hope' that helps people focus on the things that might stop them from being in good health and achieving their goals in life, as well as introducing ways to prevent HIV infection.

The company tracks country plans and progress centrally via a champions e-mail network and the company intranet.

### Standard Chartered Policy on HIV/AIDS

- Implement non-discriminatory policies, procedures and practices that reflect local needs, culture and legislation.
- Treat individuals the same as those with any other progressive or debilitating illness.
- Provide information on magnitude, impact and preventative measures.
- Join forces with other organizations, share results and support their efforts where appropriate.

As part of the 'Living with HIV' programme, Standard Chartered produce posters that support its five core values:

- **Courageous** - Confident and honest communications will help ensure that relationships survive the threat of HIV/AIDS.
- **Responsive** - Empathy and understanding is required from each of us to accept and respond appropriately to the HIV/AIDS issues confronting us.
- **International** - Global initiatives are fundamental to breaking the silence and uniting us all in combating HIV/AIDS.
- **Creative** - Alternative thinking and creative use of training tools and techniques will provide effective solutions to HIV related issues.
- **Trustworthy** - Nurture a culture that allows disclosure to be free from fear and prejudice.

## 2. Formalizing a global action plan based on local good practices

### Lafarge

*Alain Guillen, Vice President, Social Policies*

Lafarge is a world leader in building materials operating in 75 countries and employing 77,000 people. It had 2,120 industrial sites worldwide in 2002, and is listed on the Paris, London, Frankfurt and New York stock exchanges.

7,500 people are on its payroll in sub-Saharan Africa, and it has a particularly high prevalence of HIV/AIDS amongst the workforce in east Africa. In 2002 the CEO decided that the company would join the Global Business Coalition. The CEO of Lafarge East Africa became chairman of the Africa Health Committee, and the company embarked on a procedure to identify best practices. It has developed a group public health policy and HIV/AIDS guidelines that are in line with international recommendations and include care and support. The company plans to introduce a comprehensive HIV/AIDS programme and is carrying out internal case studies to identify best practice for each element, which it will then develop into a good practices guide.

Lafarge is taking a 'multi-partnership' approach, involving GTZ, DFID and ICRH in the development and implementation of their peer education programme. It works closely with the trade unions at a local level - they have, for instance, to give their permission for the implementation of a testing campaign, and on a global level collaborates with the International Federation of Building and Wood Workers and the World Federation of Building and Woodworkers Unions.

## 3. Implementing a policy in different national contexts

### BP

*Anton Mifsud-Bonnici, Corporate Communications Director, Sustainable Development*

BP believes that the best way for business to fight HIV/AIDS and protect the rights of those affected is to do business and contribute to national economic development, thereby strengthening the capacity of states to meet their obligations. Companies must also have a clear policy to protect the staff. BP believes in partnerships to share experience and knowledge, and for this reason took part in the Policy Dialogue, joined the Global Business Coalition on HIV/AIDS, and has seconded a member of staff, Geoff Parcell, to UNAIDS.

'Doing business' means contributing to economic growth, paying taxes, employing people, monetizing natural resources and providing energy. Modern health care would be impossible without fossil fuel energy.

BP learned from the Southern Africa region that it is not possible to have a uniform approach. A flexible strategy has to be adopted that accommodates different conditions. It is important to work with local health care availability, add extra resources where needed and set levels of access to ARVs.

*BP's global policy is based on company experience and international best practice:*

- *Principles: non-disclosure; confidentiality; tolerance; non-discrimination; reasonable accommodation; inclusion*
- *Clear statement: employees will not be discriminated against on the basis of their real or perceived HIV status*
- *Guarantee: confidentiality of infected or affected employees*
- *Country specific programmes: focus on prevention, education and awareness; voluntary counselling and testing; care support and treatment; as well as partnerships to share learning and experience.*

**Lessons learned from Southern Africa:**

- Focus on public health education
- Grounds for an effective response elsewhere - where challenges are different and where the need may be for education and prevention rather than medical care
- One of the key issues is understanding prevalence rates, getting good data and adapting the response
- No mandatory testing - preference for voluntary testing

**The company has identified several priority areas:**

- Asia, with a focus on China
- Russia and the former Soviet Union - lessons learned in S. Africa can help
- Trinidad & Tobago - community involvement, working with the Government to develop medical standards

**How does BP feel about what it is doing?**

- It is not a government - governments have the primary responsibility
- It will protect staff within its sphere of control
- It cannot afford the luxury of inaction
- It must act within resource limits and seek what is sustainable
- It is transient - it moves on if business conditions change
- Its key contribution is doing business - paying taxes, generating wealth, contributing to the national economy, monetizing resources, supporting governments by providing the means to protect the health rights of their people

#### 4. An example of public-private partnership in Botswana

**Merck & Co. Inc.**

*Jeffrey Sturchio, Vice President, External Affairs Europe, Middle East and Africa Human Health*

The Merck Company Foundation and the Bill & Melinda Gates Foundation, which, with the Government of Botswana have formed the African Comprehensive HIV/AIDS Partnership (ACHAP), are each committing \$50 million over five years (\$100 million total) to help Botswana implement a comprehensive national HIV/AIDS strategy in a joint effort to significantly improve HIV/AIDS prevention, care and treatment. Merck is also donating its HIV medicines CRIXIVAN and STOCRIN.

Merck has already been involved in contributing expertise and products including donating MECTIZAN™ for the treatment of river blindness. It has learned much that it can apply in the context of HIV/AIDS, in particular the need to focus resources on feasible targets of clear public health significance; the importance of partnerships among private and public sector organizations; and the essential role of distribution mechanisms and healthcare infrastructure in ensuring that essential medicines get to those who need them.

The scope and objectives of ACHAP are to:

- improve access to comprehensive HIV/AIDS prevention, care and support
- improve prevention and treatment of AIDS-related infections, and increase access to ARVs
- strengthen sustainable improvements in health care systems and mitigate the impact of the epidemic
- support the National AIDS Coordinating Agency (NACA) in strategic planning and capacity-building.



### **Lessons learned from ACHAP**

- *Implementation of HIV/AIDS activities - prevention, care and treatment - is a complex, dynamic and time intensive process, which must be addressed in the context of broader development policies.*
- *Working within the local system is essential to building sustainable interventions:*
  - *government-led initiative, requiring political commitment and leadership -- and ensuring public accountability*
  - *formal agreement signed by all partners represents the spirit of collaboration and the means by which work of the partnership will be implemented and evaluated*
  - *must invest continually in establishing and building relationships with partners and key stakeholders*
- *Comprehensive approaches are essential.*
- *Success depends on building and strengthening local capacity and on mobilizing all available resources, both local and international.*
- *The price of drugs and financial resources are not the main obstacles to scaling up care and treatment - limited human resources and organizational capacity are greater challenges.*
- *We need to learn more across borders - including other countries, the UN experience, and NGOs - and collaborate more actively.*

The progress of the programme is measured in terms of prevention and support (e.g. grants were made available for 100 small community-based projects covering behavioral change, commercial sex work interventions, home-based care and nutrition); treatment (e.g. approximately 5000 patients were treated on an ARV programme); and capacity-building (e.g. provision of technical skills in HIV/AIDS prevention and care, and human resource development in terms of leadership and project management covering more than 500 government employees).

*“A company does not operate in isolation; it needs to look at its relationship with other companies, the government and the community and to consider how its decisions in terms of an HIV/AIDS response affect, and are affected by, the wider environment.”*

from *"The Private Sector Responds to the Epidemic: Debswana -- A Global Benchmark,"* UNAIDS Best Practice Collection (September 2002), p. 46.

# A framework for action

## The ILO Code of Practice on HIV/AIDS and the world of work

*Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the world of work*

Franklyn Lisk briefly introduced the *ILO Code of Practice on HIV/AIDS and the world of work* and set out ways it can be used as a framework for workplace action. He explained that the Code was produced in response to the needs of constituents, based on the ILO's core standards, developed through extensive consultations in all regions, and finalized by consensus at a tripartite meeting of experts in May 2001.

The Code of Practice is a comprehensive, rights-based blueprint for effective action through social dialogue. It is voluntary and adaptable to different situations. The Code:

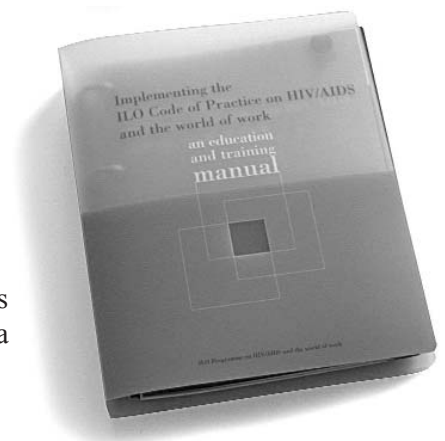
- has ten key principles to guide policy development
- establishes the roles and responsibilities of the tripartite partners
- contains practical programming advice for prevention, training and care.

Since its adoption in June 2001, the Code of Practice has been translated into more than 30 languages and used in over 50 countries.

*Implementing the ILO Code of Practice on HIV/AIDS and the world of work: an education and training manual* is an information source and reference document as well as a tool for training, a framework for social dialogue and a guide for action.

The manual is designed to involve people in an active education process, through a wide range of learning activities, case studies, samples of legislation, policies and collective agreements. It complements and expands the policy guidance set out in the Code, and helps users adapt the Code to a range of different situations.

The Code of Practice and the training manual are available in hard copy and CD-ROM, as well as Adobe Acrobat (.pdf) which can be downloaded from the ILO/AIDS website.



# Summary of key issues discussed

Introducing the second day's proceedings, Marika Fahlen, Director of Social Mobilization and Information at UNAIDS, summarized the presentations and discussion of the first day, identifying the following issues that emerged as key concerns:

- The role of public-private partnerships and how to manage them, including the advantages and disadvantages of co-investment
- The importance of reaching SMEs and the informal sector since only 5% of workers in Africa are employed in the formal sector
- The importance of a participatory approach embracing senior management, shop stewards, workers and shareholders
- The importance of a gendered approach to prevention and care
- Providing access to treatment on an equal basis within communities
- Focusing on countries with emerging epidemics and encouraging prevention and preparation
- Helping companies to actively share information and lessons learned
- Delivering a comprehensive programme of care and support at the workplace, including reasonable accommodation of those living with HIV/AIDS.

Ben Plumley, Executive Director, Global Business Coalition on HIV/AIDS, served as rapporteur for the meeting. In the light of the emphasis given to particular issues in the course of the first day, he suggested the following themes for the four working groups:

1. Public-private partnerships: collaborating with the Global Fund to fight AIDS, Tuberculosis and Malaria
2. Awareness-raising and HIV prevention in 'next wave' and low prevalence countries
3. Reaching out to SMEs through the supply chain and other mechanisms
4. Impact management at the workplace especially monitoring and evaluation of programmes/policies

Other issues of importance were proposed as cross-cutting themes to be discussed by each group:

- the role of labour organizations/ worker representatives in the development and implementation of workplace policies and programmes
- the provision of care, support, and treatment at the workplace
- sector-specific measures (standards, guidelines etc.)

# Working groups: summary

## Group 1. Collaboration with the Global Fund

### Country Coordinating Mechanisms (CCMs)

- It would be useful if the Global Fund could provide a guideline on multi-stakeholder representation in CCMs, with particular reference to the role of the workplace partners.
- Labour organizations should be represented on the Board of the Global Fund. This would help give direct access to their networks and workplace influence
- The Global Fund should identify and propagate examples of CCMs exercising 'good practice'.
- UN agencies in countries should facilitate multi-stakeholder participation in CCMs.
- Bilateral agencies can provide funding for such facilitation.
- Private sector focal points (business and labour) should be represented on National AIDS Councils.

### Co-investment

- The group expressed support for this idea which involves companies providing care and treatment at the workplace, and the Fund/donors ensuring access to treatment in the local community.
- At the same time, the group warned that such initiatives should strengthen, not sideline, public services and be planned in consultation with the appropriate authorities.
- Coalitions should be created in-country as access to the Fund is proposal-driven, including associations of employers, workers' organizations and NGOs.
- The Fund should signal its favourable consideration from stakeholders in the world of work.

## Group 2. HIV prevention in 'next wave' and low-prevalence countries

### Challenges:

- There is a lack of recognition of impending problems in Russia and China (though SARS may help to sensitize authorities to the impact of health problems and the limitations of health systems).
- There was agreement that the public sector is mandated to deliver health services and thus should provide leadership - though partnership with the private sector is critical.

- There is a need to address stigma and denial around HIV/AIDS in the public sectors of these countries.
- International organizations (e.g. ILO) are in a privileged position to negotiate and build awareness in the public sector.
- In some countries, business and/or labour has to initiate advocacy and awareness-raising in hope that government will be stimulated to do the same.
- Models that work in one country may not work in others due to culture, size, geography, etc.

### Strategies:

- "First-step" advocacy should be facilitated by international organizations (ILO, UNAIDS), using the ILO Code of Practice as the basis for local strategy, mobilizing tripartite structures at national levels and building new partnerships.
- Companies should also make a commitment to awareness-raising among their business partners in target countries.
- There is a need for participatory methodologies rather than "imposed" or "top-down" implementation, though in some countries (e.g. China) a top-down approach may have more impact.
- Missions are needed to countries which have acknowledged that they have a high prevalence rate, and exchanges between related groups (e.g. employers, workers, sectoral/professional associations) in high- and low-prevalence settings.
- One way of engaging with low-prevalence countries is by doing so as part of a broader agenda of general health issues. The Global Compact could help to facilitate a series of seminars on health. This approach is working in Russia, less so in China.
- The Global Compact could be used to support national networks in promoting an HIV/AIDS agenda.
- It is critical to involve people living with HIV/AIDS in strategies from the beginning to help reduce stigma and strengthen the planning process.
- The media can be interested through high-profile activities and events (e.g. China hosting Olympics; Africa Cup; Brazil Carnival).
- A multisectoral approach to awareness-raising is vital, but should be complemented by interventions geared to specific economic sectors.

### **Group 3. Reaching out to small and medium-sized enterprises**

- There was recognition of the special needs of SMEs and the unique challenges they face. However, no MNC representatives were present in this group, and the question was asked: was this apparent lack of interest indicative of MNC attitudes to SMEs and their willingness to offer support? No SMEs were present at the Dialogue either, presumably due to lack of resources.
- There is a need to develop and disseminate specific SME guidelines and programmes. SMEs have very different needs to those of MNCs, so 'models' are not easy to establish, but guidelines and examples of good practice are useful, as well as 'toolkits' adapted to their needs.
- Much relevant information already exists and it would be useful to distil much of the material that is in the public domain to assist SMEs and others.
- There is a need to demonstrate the business case to SMEs, so they will understand the costs of inaction. They should be encouraged to form partnerships and pool resources; the use of incentives (e.g. tax credits) should also be considered.
- It was agreed that trade unions can play a key role in implementing workplace programmes. They also have considerable outreach capacity (their membership), including to informal sectors, and union leaders are often also community leaders. A number of unions have political influence, e.g. with local government. The group acknowledged that in some countries unions have not been as active as they could be.
- Large enterprises should be responsible for involving SMEs in their policies and programmes. This could be linked to applications to the Global Fund as a condition of receiving funding. Contractual arrangements with suppliers should include clauses that require suppliers to set up HIV/AIDS policies and programmes. Companies should also be willing to provide resources, support and capacity-building should it be necessary, and they should be made aware of the direct business interest in doing so.

- Ways of working with government were also discussed, especially the need for National AIDS Plans to include strategies for the world of work - specifically including SMEs - and to ensure representation on NACs of employers and workers from both large and small enterprises, as well as public sector workplaces.
- The role of insurance companies and pension plans was discussed. There is a need to integrate these players into global discussions to achieve a broader understanding of their roles and the costs incurred by the epidemic. They also need to address the problem of discrimination in insurance provision against those who are HIV+.

### **Group 4. Workplace impact management, especially monitoring and evaluation**

- Monitoring and evaluation can help companies develop appropriate policies and programmes, ensure cost-effectiveness, and prioritize within their spheres of influence, both within and beyond the company.
- It is important for companies to measure progress so they need a baseline to work from - a study or survey must be carried out when programmes are put in place.
- Companies should make use of established indicators (e.g. KAP - knowledge, attitudes, practices/ behaviour), guidelines and structures (e.g. Global Reporting Initiative). Longer-term indicators are needed since the real impact of HIV/AIDS will only be seen considerable time.
- Although the indicators used by a company will be based on its own strategy, there is value in a degree of harmonization between companies (and between the branches of a global company) and agreed core indicators to provide opportunities for sharing 'best practices'.
- It is necessary to recognize the difficulty of measuring behaviour change, and the importance of confidentiality throughout.
- It would be useful to establish which companies are attempting to measure the economic impact of HIV/AIDS on their business and make an inventory of their findings.

# Keeping up the pressure

## **Closing remarks by Assane Diop, Director, Social Protection Sector, ILO**

In closing the Policy Dialogue, Mr Diop called for action at enterprise and national levels to fight HIV/AIDS. While many "imaginative and socially responsible actions" had contributed greatly to efforts against HIV/AIDS in the workplace, much remains to be done. The Policy Dialogue, however, provided a useful opportunity to share information and lessons learned, and so intensify and extend the workplace response.

Four areas of particular interest were brought out by the Policy Dialogue:

1. the Global Fund and donor financing to sustain human capital and infrastructure in the face of the epidemic;
2. business and labour collaboration to prevent the spread of AIDS and mitigate its impact;
3. interventions by small and medium enterprises, and informal sector businesses in partnership with larger businesses and the public sector; and
4. managing and monitoring the impact of the epidemic.

Mr Diop went on to make some suggestions that he felt would contribute to future action in the context of the Global Compact:

1. at the global level - to continue the mobilization of business and labour networks and donors, who may not yet fully understand the benefits of workplace action;
2. at the country level - to ensure that national policy promotes and supports action in and by enterprises, and that such action becomes the subject of well-developed proposals to the Global Fund and other donors.

He stressed the need for a more active participation of employers' and workers' organizations in national efforts, and especially representation in the CCM, and he welcomed the statement of cooperation presented at the Policy Dialogue by the IOE and the ICFTU as a basis for joint action by business and labour.

Training is vital for all concerned, including business and trade union leaders, and key government officials such as labour inspectors. Structures must be put in place for monitoring and evaluation, as this has benefits for advocacy as well as planning.

He further suggested that pressure be brought to bear on politicians to allow debt cancellation in the poorest countries, in return for the strengthening of health systems and provision of ARVs. Close attention should be paid to the negotiations around ARVs, geographical and financial accessibility to treatment, and the implications for social security systems.

Mr Diop ended by confirming the ILO's commitment to helping its tripartite constituents implement effective HIV/AIDS workplace policies and programmes and, through its global HIV/AIDS Programme and the Employers' and Workers' Bureaux and specialists in the field.

# Appendix 1: agenda

## Policy Dialogue on HIV/AIDS

12-13 May 2003, ILO Headquarters, 4 route des Morillons, Geneva, Room IX, Floor R2-South

### Day One

- 13.00 - 14.30 Registration (OutsideRoom IX, on level R2 South)
- 14.30 - 14.45 Welcome Addresses  
*Georg Kell, Executive Head, Global Compact*  
*Juan Somavia, Director-General, International Labour Organization*
- 14.45 - 15.40 Plenary Session  
Tools and Partnerships: the key actors in the workplace response and new approaches to funding.  
*Chair: Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the world of work*  
The Role of Employers and Their Organizations  
*Antonio Penalosa, Secretary General, International Organisation of Employers (IOE)*  
The Role of Workers and Their Organizations  
*Guy Ryder, General Secretary, International Confederation of Free Trade Unions (ICFTU)*  
Public-Private Partnerships in the Fight against AIDS  
*Richard Feachem, Executive Director, Global Fund to Fight AIDS, TB and Malaria*  
Business Perspectives on Partnerships  
*Norbert Otten, Director, Policy Issues, DaimlerChrysler AG*  
Questions and Discussion
- 15.40 - 16.00 Coffee Break
- 16.00 - 18.00 Panel Session  
Company experiences: identification of key challenges and examples of effective responses to HIV/AIDS in the workplace. The issues that emerge from this discussion will determine the themes of the break-out groups for Day Two.  
*Chair: Dr. Kate Taylor, Global Health Initiative, World Economic Forum*  
*Rapporteur: Ben Plumley, Executive Director, Global Business Coalition on HIV/AIDS*  
Setting Up Staff Peer Education Programmes  
*Chris Sykes, Head of Corporate Social Responsibility, Standard Chartered Bank*  
Formalizing a Global Action Plan Based on Local Good Practices  
*Alain Guillen, Vice President, Social Policies, Lafarge*  
Implementing a Policy in Different National Contexts  
*Anton Mifsud-Bonnici, Corporate Communications, BP*  
An Example of Public-Private Partnership in Botswana  
*Jeffrey Sturchio, Vice President, External Affairs Europe, Middle East & Africa Human Health, Merck & Co. Inc.*  
Questions and Discussion
- 18.00 - 19.30 Reception (ILO Restaurant)

## Day Two

- 09.00 - 09.45 Plenary Session  
*Chair: Marika Fahlen, Director, Social Mobilization and Information Department, UNAIDS*
- The ILO Code of Practice on HIV/AIDS and the world of work: a framework for action  
*Franklyn Lisk, Director, ILO Programme on HIV/AIDS and the world of work*
- Summary of key issues from Day 1 and proposed themes for break-out groups  
*Ben Plumley, Executive Director, Global Business Coalition on HIV/AIDS*
- 09.45 - 12.30 Group Discussion  
(including coffee break within groups)
- 12.30 - 14.00 Lunch
- 14.00 - 15.30 Plenary Session  
Reports from break-out groups and discussion.  
*Chair: Marika Fahlen, Director, Social Mobilization and Information Department, UNAIDS*
- 15.30 - 16.00 Coffee Break
- 16.00 - 17.30 Plenary Session  
A summary of the recommendations by the break-out groups and broad strategy proposals, followed by discussion.  
*Chair: Ben Plumley, Executive Director, Global Business Coalition on HIV/AIDS*
- 17.30 Closing Comments  
*Assane Diop, Executive Director, ILO Social Protection Sector*



# Appendix 2

## List of participants

### COMPANIES

Ashanti Goldfields Company Ltd.	Kweku Awotwi	Managing Director, Strategic Planning
BHP Billiton	André Van der Bergh	Regional Advisor Southern Africa: Health, Safety, Environment and Communities
Boston Consulting Group	Alison Sander	Globalization Topic Advisor
BP	Anton Mifsud-Bonnici David Moorcroft	Corporate Communications Director, Sustainable Development
CFAO	Alain Viry	CEO
Coca-Cola Company	Karen Macke Matshidiso Masire	Vice President, Global Compensation & Benefits Africa Group HIV/AIDS Program Manager
Credit Suisse	Bettina Schaller	Public Affairs
DaimlerChrysler AG	Wolfram Heger Norbert Otten	Head, External Affairs and Public Policy Director, Policy Issues
Electricité de France	François Georges	Head of International Corporate Relations
France Telecom	Luc Perrouin	Senior Vice President for Environment
GlaxoSmithKline	Richard Faber	Vice President, Sub-Saharan Africa
GTZ	Elisabeth Gurrbach	Teamleader of the Regional Project 'AIDS-Control in Companies in Africa'
Hagen Resources International	Katherine Hagen	CEO and Principal Consultant
Inditex	Javier Chércoles	Corporate Responsibility Director
Lafarge	Alain Guillen	Vice President, Social Policies
MacLeay SARL/ Nogatec Intl.	Robert MacLeay	Managing Director
Merck & Co. Inc.	Jeffrey Sturchio	Vice President, External Affairs Europe, Middle East & Africa Human Health
Nexen Inc.	Randall Gossen	Vice President Safety, Environment and Social Responsibility
Norsk Hydro	Ottar Hals Odd Henrik Robberstad	Chief Medical Officer Senior Vice President
Novartis International AG	Erwin Schillinger	Head of International Coordination
NRG International	Mary De Zilwa	World Accounts Director
Old Mutual plc	Nicholas Bicket	General Manager, Human Resources
Pechiney	Christophe Bourillon	Director, Energy & Environment, International & Government Affairs
Placer Dome Inc.	Wayne Dunn Phillip von Wielligh Dicky von Wielligh	Consultant on HIV/AIDS Manager Sustainable Development Observer
PricewaterhouseCoopers	Amanda Pingree	Manager
PricewaterhouseCoopers	Gill Sivyver	Director
Shell International	Matthew Bateson	Group External Affairs, Regional Advisor Africa
Shell International	Bernard Huisman	Chief Health Advisor
Standard Chartered Bank	Chris Sykes	Head of Corporate Social Responsibility

Total	Catherine Ferrant Jean-Pierre Labbe	Representative Vice President, International Public Affairs
Wayne Dunn & Associates	Wayne Dunn Andrew Grant	President Senior Associate

#### **BUSINESS ASSOCIATIONS**

Global Business Coalition on HIV/AIDS	Ben Plumley Neeraj Mistry	Executive Director Technical Advisor, HIV Public Health and Clinical Protocols
	Patricia Mugambi	Program Manager, Corporate Relations
Global Fund to Fight AIDS, TB and Malaria	Richard Feachem	Executive Director
Global Reporting Initiative (GRI)	Alyson Slater	Associate
International Petroleum Industry Environmental Conservation Association (IPIECA)	Rob Cox	Oil Spill Preparedness and Response, Health Issues and Fuels & Vehicles
International Chamber of Commerce	Isabella Vourecas-Petalas	Assistant to Secretary General for Relations with IGOs
International Organisation of Employers (IOE)	Antonio Penalosa	Secretary General
Observatoire sur la Responsabilité Sociétale des Entreprises	Natacha Seguin	Programme Officer
World Economic Forum (WEF)	Kate Taylor	Associate Director, Global Health Initiative

#### **WORKER'S ORGANIZATIONS**

International Confederation of Free Trade Unions (ICFTU)	Guy Ryder Jim Baker Yvonne O'Callaghan	General Secretary Director, Multinational Enterprises Youth Co-ordinator
International Confederation of Free Trade Unions - African Regional Organisation (ICFTU-AFRO)	Andrew Kailembo	General Secretary
International Federation of Chemical, Energy, Mines and General Workers' Unions (ICEM)	Fred Higgs	General Secretary
International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF)	Ron Oswald	General Secretary
Union Network International (UNI)	Philip J. Jennings	General Secretary

#### **NGOs**

ActionAid	Bec Shaw	Senior HIV/AIDS Campaigner
African Services Committee	Richard Jordan	NGO Representative/Board Member
Bukoggolwa Widows and Orphans' Care Centre	Mutyaba Nasser Mayanja Ahummed Wamala Zedi Gumila Sulaiman	Representative Representative Representative Representative
Ethos Institute of Business and Social Responsibility	Marcelo Linguitte	Manager, Company Relations
Family Health International	Charlotte Obidairo	Director, Resource Development
IAVI/ Stop AIDS Now	Janherman Veenker	Programme Coordinator

Save the Children	Fiona King	Advisor, Private Sector
Spanish Red Cross	Antoni Bruel	General Coordinator
Sri Lanka United Nations Friendship Organization	Deshapriya Wijetung	Director General
The World Conservation Union (IUCN)	Nick Bertrand	Programme Officer

#### **GOVERNMENT**

U.S. Department of Labor	Peter Mamacos	Advisor to the HIV/AIDS Program
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#### **ACADEMIC INSTITUTIONS**

Institut européen de l'Université de Genève	Frederique Hagner	Research Assistant
Université de Genève	Joseph Patrick Jean Baptiste	Research Assistant
University of Cape Coast-Ghana	Ewusie Stephen	Researcher
University of Cape Coast-Ghana	Appiah Wireko Kwame	Researcher

#### **UNITED NATIONS**

International Labour Organization (ILO)	Juan Somavia	Director-General
	Assane Diop	Executive Director, Social Protection Sector
	Franklyn Lisk Hans Hofmeijer Susan Leather	Director, Programme on HIV/AIDS Enterprise and Cooperative Development ILO Programme on HIV/AIDS and the world of work
Global Compact Office	Georg Kell	Executive Head
	Ellen Kallinowsky	Head, Learning Forum
	Denise O'Brien	Head, Policy Dialogue
	Melissa Powell	Project Manager
	Vivian Smith	Project Associate
UNAIDS	Marika Fahlen	Director, Social Mobilization and Information
UNAIDS/UNITAR	Geoff Parcell	Special Fellow, Knowledge Management
UNDP, Division for Business Partnerships	Ghislain Pastré	Consultant
UNDP, Equatorial Guinea	Marcelo Beta	Programme Officer, HIV/AIDS Focal Point
UNDP/UNAIDS Partnership Programme (UN-AMICAALL)	Sammy Khan	Representative
UNEP, Division of Technology, Industry and Economics	Cornelis van der Lugt	GC and GRI Officer
UNHCR Spanish Committee/ Humanitarian Action Programme	Ana Rodicio	Researcher
UNIDO	Wilfried Luetkenhorst	Director, Small and Medium Enterprises Branch
	Syed Asif Hasnain	Senior Industrial Development Officer, Small and Medium Enterprises Branch
UN Volunteers Programme	Edmundo Werna	R&D Specialist
	Deborah Verzuu	Liaison Officer

# Appendix 3: Joint ICFTU-IOE statement



## FIGHTING HIV/AIDS TOGETHER A PROGRAMME FOR FUTURE ENGAGEMENT



The International Organisation of Employers (IOE) and the International Confederation of Free Trade Unions (ICFTU) jointly recognize the direct impact of the HIV/AIDS pandemic on the world of work. This joint statement gives voice to that mutual recognition, hereby calling on IOE and ICFTU affiliates and their member enterprises and trade unions, wherever located, to give the issue the highest priority. Efforts need to continue to be mobilized to fight this disease and its consequences. There is no room for complacency. We also call on both to work together to generate and maintain the momentum necessary for successful interventions.

HIV/AIDS has already devastated many countries and communities and is spreading rapidly in others. Workers' and employers' organizations need to recognize the common interest that exists on this issue and co-operate at both the workplace and at the national and international level to promote effective action to address this unprecedented public health crisis. We cannot afford to do anything less. In addition to the destruction of communities and families, HIV/AIDS is reversing development in many countries, threatening the survival of workers and enterprises. Efforts to address the pandemic must therefore continue to be intense and must strategically target countries and regions where it can have the most impact.

Our work in this area will be built around the *ILO Code of Practice on HIV/AIDS and the World of Work*. That code is comprehensive and covers areas of education, prevention, training, assistance, workers' rights, issues of discrimination, occupational health and safety, and many other areas. It was developed through tripartite consensus and the ICFTU and the IOE played an important role in its adoption. It forms a sound basis for workplace partnerships as well as for effective action on HIV/AIDS beyond the workplace.

There are many examples of successful co-operation between employers and trade unions in the fight against HIV/AIDS, particularly in Africa. As recently as 7-9 April, 2003, in order to support such cooperation, the African Regional Organisation of the ICFTU organised a conference in Nairobi, with the full and active participation of the IOE, on the theme "Workers and Employers Together Against HIV/AIDS. The IOE and the ICFTU are convinced that employers and trade unions, working together and building on that experience and expanding co-operation in Africa as well as across the globe, can accomplish a great deal more, achieving greater results together than either can produce separately.

One strategy for implementing our efforts is to target population groups that are at high risk of contracting the virus. Such target groups include young people between the ages of 15 and 24, who represent one-sixth of the world's population, yet represent half of all HIV infections. The ICFTU and the IOE intend to continue to focus on youth and urge our respective national affiliates to do everything in their powers to stop the spread of HIV/AIDS among young people as one of the keys to controlling the disease.

There are also important gender dimensions to this problem, particularly among young people. In sub-Saharan Africa, for example, young women are five times more likely to contract HIV/AIDS than young men. Due to the devastating economic effects of the disease, people are forced to adopt survival strategies, which contribute to this vicious cycle. There are many other high-risk groups to focus on as well, especially migrant workers.

The ICFTU is working with its partners in the international trade union movement, the Global Union Federations, representing national trade unions grouped by sector and occupation. Several of them are already carrying out work in this area, often jointly with employers. This work must and will be expanded. It is also working with its national affiliates and its regional organizations, particularly in Africa.

The IOE is working closely with a number of its national affiliates and will intensify this work. Its recent publication with UNAIDS titled "Employers' Handbook on HIV/AIDS: A Guide for Action" looks to assist employers by sharing good practice/best practices in support of the ILO code of practice. It is also expanding its

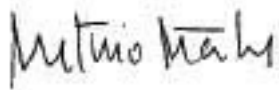
outreach to other international and regional groupings of employers. Similarly, the African Regional Organization of the ICFTU has developed and is using "A Training Manual for Shop Stewards on HIV/AIDS in the Workplace."

Given the nature of the virus and its direct impact on industry, the IOE and the ICFTU, both independently and in collaboration, acknowledge and stress the crucial added value of labour management co-operation to combat its spread. In addition to promoting common efforts, including partnerships in support of sustainable development, we will work for effective tripartite action to help bring solutions to a whole series of problems that cannot be resolved by workplace action alone. Both approaches are vitally and urgently needed if victory over this terrible affliction is to be won.

The ICFTU and the IOE will encourage governments in developing and developed countries alike to take a comprehensive view of both the causes of current problems and the most effective ways to address them. Such a comprehensive approach should focus on healthcare delivery systems and

infrastructure development, including education, international funding to help poor nations meet their healthcare needs, and effective and safe use of the best health care interventions, which include innovative medicines, in particular the quest for an AIDS vaccine, which offers the best hope ultimately to stop and reverse the spread of the pandemic.

As part of their joint commitment, both ICFTU and the IOE will explore opportunities to identify and develop joint action programmes. These will be done in partnership with their national members and will look to build on the efforts and initiatives taken to date at the workplace but which will, at the international level, seek to both increase the profile of the problem as well as looking to increase the resources available to fight this pandemic.



*Antonio Peñalosa*  
*Secretary General, IOE*



*Guy Ryder*  
*ICFTU General Secretary*

*May 12, 2003, Geneva*

*The IOE and the ICFTU are the most representative employers and workers' organisations in the world. The IOE represents 137 national employers' organisations from 133 countries. The ICFTU has 231 affiliated national trade union centres in 150 countries representing 158 million members.*

***[www.ioe-emp.org](http://www.ioe-emp.org)***

***[www.icftu.org](http://www.icftu.org)***

# Appendix IV



28 January 2003

## AN APPEAL FOR ACTION

### Increasing business involvement in the global fight against HIV/AIDS

In just two decades, HIV/AIDS has become a major threat to global development. Apart from the devastating impact of the epidemic on individuals, families and communities, it is also eroding human resource capacity by depriving many countries of men and women at their most productive and fertile age. Unless addressed urgently, the loss of human capital on such a scale could spell disaster for the capacity of countries to produce and deliver essential goods and services, let alone prosper and develop. Companies of all types face new challenges in recruitment, training, insurance, and benefits, as well as productivity losses due to illness and absenteeism.

The world of work is an ideal setting for fighting HIV/AIDS. To this end, the International Labour Organization (ILO) has adopted a Code of Practice on HIV/AIDS and the World of Work. The code provides guidance for actions, including information, education and gender awareness programmes, protection of workers' rights, HIV/AIDS-related discrimination and care and support.

A number of corporate leaders have already taken responsibility and developed internal action plans. The experiences of companies such as De Beers, Debswana, DaimlerChrysler, VW, Anglo Gold and Heineken have proved efficient and effective, and can serve as inspiration for other companies. You can learn more about the experiences of some of those companies who joined the Global Business Coalition against HIV/AIDS at [www.businessfightsaids.org](http://www.businessfightsaids.org).

The Global Compact, the ILO and UNAIDS (Joint United Nations Programme on HIV/AIDS) will join forces in 2003 to mobilize businesses, encourage increased action to fight HIV/AIDS in the workplace, and combat stigmatisation of people in the workforce living with the disease. Our appeal is supported by the International Confederation of Free Trade Unions (ICFTU) and the International Organisation of Employers (IOE).

We encourage businesses worldwide to adopt and fully implement the ILO Code of practice on HIV/AIDS and the world of work. The full text of the Code, in English, French and Spanish, can be found on the website of the ILO's AIDS Programme at [www.ilo.org/aids](http://www.ilo.org/aids). An education and training manual is available to guide implementation of the Code.

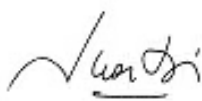
Several activities are planned this year, with the aim of providing information, sharing experiences and promoting action. The Global Compact Learning Forum will use its worldwide network to focus on the development of examples and case studies of corporate action on HIV/AIDS. It will identify, develop and distribute training materials and convene seminars for business managers. From March 2003 you will find links and tools on the Global Compact website ([www.unglobalcompact.org](http://www.unglobalcompact.org)). Furthermore the Global Compact, ILO and UNAIDS will convene worldwide multi-stakeholder dialogues on HIV/AIDS in the workplace. The first dialogue will take place on 12 and 13 May 2003 at ILO in Geneva.

The global challenge to reverse the HIV/AIDS epidemic requires steadfast commitment from governments, business, labour and civil society. You can make a difference by providing leadership within your company. If not yet available, a first step could be the development of a workplace policy, consistent with the ILO code of practice.

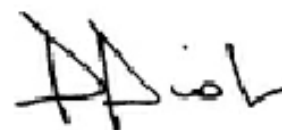
We greatly look forward to working with you.



Louise Fréchette  
Deputy Secretary-General



Juan Somavia  
Director-General of the ILO



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Executive Director of UNAIDS

# Appendix V



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July 1st, 2003

## **Co-investment: a central mechanism for establishing Public Private Partnerships at country level**

**The purpose of this working document is to clarify some of the basic principles and practical elements that will make Public Private Partnerships (PPPs) a part of country processes supported by the Global Fund. Ultimately it is the responsibility of partners working with the Country Coordinating Mechanism to make these co-investment schemes a reality at country level.**

### **1. Background:**

*Although the HIV epidemic has been spreading for close to twenty years and the development and use of treatments (ARVs) have been able to reduce significantly the burden of HIV on individuals and societies in developed countries, it is only in the last few years that the possibility of making these treatments available for citizens of the South has been raised. Rapid reduction in prices combined with the realization on the part of health, social, economic and political decision makers that the burden of untreated AIDS was becoming unbearable have led to a profound transformation of attitudes towards treatment availability in poor countries.*

*In the last three years there have been two major developments in the response to HIV:*

- At the political level, the growing realization of the depth of the consequences of the epidemic in the Security Council, the UN General Assembly, various Summits and the G8 have led to the establishment of a new financial mechanism - the Global Fund - which is a deliberate attempt at meeting the needs covering the whole range from prevention to care.*
- During that same period key decisions have been made from the business and employer sectors leading to steady reductions in the price of drugs, a rapid expansion in the number of employees being offered effective treatments and a growing understanding from key players that the workplace had become a central strategic component of the response.*

*While the mobilization of public and private employers in the response represents a significant positive evolution, if decisions to treat employees are not supported by national policies and interventions towards the communities in which these interventions are promoted, they would carry a significant risk of rapidly establishing such disparities in survival that they would inevitably trigger social disruption and conflict over time.*



*The private sector has played a key role over the last few years in taking on these new social responsibilities. Private employers have made a thorough analysis of the social and economic costs and benefits leading them to proposing aggressive prevention and care programmes which include providing anti-retrovirals to their employees and dependants.*

*Beyond the rapid increase in the burden of HIV and AIDS employers are also interested in developing programmes to deal with TB and Malaria.*

*In making their decisions, private employers have also been concerned that their decisions needed full support from employees and unions and that their responsibility did not stop at the door of the plant or the office building. At the same time the core imperative remains to do business and not substitute for government responsibilities.*

*However in countries most affected by the HIV epidemic and other diseases such as TB and Malaria, the health infrastructure as well as financial and human resources available to address community needs are essentially inexistent. For this reason private employers have actively sought partnerships with a wide range of bilateral and multilateral agencies to help them achieve their goals.*

*The Global Fund which is becoming the principal funding mechanism for AIDS, TB and Malaria is therefore actively seeking the full involvement of private players in its processes and, among a variety of other options, will specifically promote co-investment schemes through the Country Coordinating Mechanisms (CCMs).*

## **2. Purpose:**

*The core purpose of PPPs is to strengthen and extend sustainable prevention, care and treatment programs for employees and communities. PPPs will contribute practical solutions ensuring that communities in which private employers are operating and providing their employees with care and treatment programmes also benefit from support and care.*

## **3. Principles of Public Private Partnerships:**

*As in any partnership, but this is even more the case in an area which is both new and complex, the two main principles must be confidence and clarity.*

*There must be confidence on both sides that what each side contributes is respected and will not be diverted from its principle purpose: each side is responsible for its decisions.*

*There must be clarity both in lines of responsibility and accountability and in specific areas of collaboration.*

## **4. Concept of co-investment:**

*The concept of co-investment or co-financing essentially reflects that parties to the mechanism contribute their fair share of the effort and that while each party does not take on the other's responsibility the sum of the contributions of each party is more than a simple addition.*

## **5. Possible areas of collaboration:**

*Keeping in mind that circumstances and opportunities will vary tremendously both from the Private Employers' perspective as well as in defining the needs of specific communities there are a few areas of collaboration which can be listed:*

### **5.1 Establishing Voluntary Counselling and Testing Services:**

- *A key ingredient to any effective prevention and care strategy is the availability of reliable VCT. It is well documented that an employee will feel more secure using external VCT services for ensuring confidentiality. VCT is also a central component of any community intervention programme.*

### **5.2 Development of Community Health Services:**

- *The Global Fund will be interested in supporting proposals which establish and support comprehensive prevention care and treatment services and community outreach in areas where a private employer is implementing a programme for employees and a number of dependants.*

### **5.3 Procurement of Drugs:**

- *The Global Fund through its buying power, policies and reach can ensure that partnership results in rational and effective procurement and use of these drugs. Direct benefits include reduced prices, reliable procurement flows as well as quality assurance. Significant savings on the drug costs will allow reallocation of funds towards broader reach of interventions.*

### **5.4 Capacity building and training:**

- *At one end of the spectrum there are the big multi national corporations running large urban operations with well developed occupational health services which have been able to take on the challenge at a marginal cost. At the other end of the spectrum there are small operations in remote areas where community services do not exist.*
- *Along this spectrum there are many true opportunities for building bridges between the public and private sectors.*
- *The training of service providers whether on the private employer side or the community side will be a central component and an expense that can be shared.*
- *Well established Occupational Health Services, supported by the Global Fund can certainly represent a significant resource for entire communities who cannot wait until public health infrastructure is rehabilitated or established.*

### **5.5 Information management and other private sector efficiencies:**

- *It is now demonstrated that complex treatments such as for HIV infection can be efficiently implemented in low resource settings with good compliance. A significant contribution to the demonstration comes from the utilization of more efficient data management systems in which private partners can play a key role.*
- *Many more efficiencies can be brought to bear from financial management to operations. Promotion, distribution and monitoring of activities are particular areas where a private or corporate partner can contribute solid expertise.*

### **6. There are already many examples of successful partnerships on the ground:**

*Daimler Chrysler in South Africa supported by GTZ*

*Pechiney ALUCAM in Cameroun*

*Compagnie Ivoirienne d'Electricité in Côte d'Ivoire*

*Heineken, Anglo-American, Exxon, Standard Chartered Bank Etc...*

*These examples are well documented and accessible on web sites of the Global Business Coalition ([www.businessfightsaids.org](http://www.businessfightsaids.org)) or the World Economic Forum's Global Health Initiative ([www.weforum.org](http://www.weforum.org)).*

### **Making better use of opportunities created by the Global Fund:**

*There are also now quite a few situations in which business coalitions or companies have been able or will be in a position so engage in co-investment schemes through the Country Coordinating Mechanisms. This is the case in Botswana, in Ghana and India where Round three proposals have incorporated components from private employers.*

### **Conclusion: Promoting "win win" situations for the future:**

*Individual companies have been able to demonstrate that workplace programmes are cost effective. However, looking at the future, there are still many unresolved questions about how these programmes will fit in the larger community. Building Public Private Partnerships through co-investment schemes will ensure that investments be protected in the long term.*

*Sharing the burden in partnership must be seen as a long term commitment in which private and public employers, governments, NGOs and development partners are each taking a fair share of responsibility.*

